

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM 140-96)

SERIAL NO. 10/518146 FILING DATE

APPLICANT(S)

CLAIMS

CLAIM NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	18					
TOTAL CLAIMS	23					

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

THIS SHEET IS FOR USE ON MULTIPLE CLAIMS. ADDITIONAL SHEETS ARE PROVIDED FOR ADDITIONAL CLAIMS OR AMENDMENTS.